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FAX

To:

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October 19, 2005

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From:

Jennifer M. McCallum Ph.D., Esq.

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Re:

U.S. Patent Application No. 10/712,073

Our Ref. 007262-30

Pages: 3 (including fax cover page)

Attached for filing are:

Transmittal Form (1 page);

2. Revocation of Power of Attorney with New Power of Attorney And Change of Correspondence Address (1 page)

Thank you for your assistance.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No.

10/712.073

Confirmation No.

7922

Applicant

Beth E. Drees et al. November 13, 2003

Filed Art Unit

1641

Examiner

For

Unknown Lipid Phosphatase Assays In Disease And Drug Discovery

Docket No.

007262-30

Customer No.

36,234

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence, along with any other document referred to as being attached or enclosed, is being filed via facsimile to facsimile number 571-273-8300 addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

TRANSMITTAL LETTER

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Enclosed for filing in the above referenced application is a Revocation of Power of Attorney with new Power of Attorney and change of correspondence address. The signatory, W. Tim Miller, is President of Echelon Research Incorporated, the Assignee.

It is believed that no fees are due in this matter; however, if a fee is required the Commissioner is authorized to charge deposit account number 502679.

Respectfully submitted,

THE MCCALLUM LAW FIRM, LLC

Jennifer M. McCallum

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P.O. Box 929

Erie, CO 80516

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U.S. Patent and Tradement Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number **Application Number** 10/712,073 **REVOCATION OF POWER OF** Filing Date November 13, 2003 **ATTORNEY WITH** First Named Inventor Drees **NEW POWER OF ATTORNEY** Art Unit 1641 AND **Examiner Name CHANGE OF CORRESPONDENCE ADDRESS** Attorney Docket Number | 007262-30

I hereby revoke all previous powers of attorney given in the above-identified application.							
A Power of Attorney is submitted herewith.							
OR							
I hereby appoint the practitioners associated with the Customer Number:				:	36,234		
Please change the correspondence address for the above-identified application to:							
The address Customer Nu	36,23	36,234					
OR							
Firm or Individual Name							
Address							
City	<u> </u>	State	T''		Zip		
Country							
Telephone			Email				
I am the: Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Signature / Williams							
Name	1. Jim	Miller	, ,	6.	+ (2		
Date	SOT 8, 20		elephone	801-	281	- 0455	
NOTE: Signatures of all the inver- signature is required, see below	ntors transagnees of record	of the entire interest or their rep	presentative(s) are n	equired. Submil	multiple to	rms if more than one	
*Total of							

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.